FLORIDA DEPARTMENT OF ST	TATE, DIVISION OF ELECTIONS R'S REPORT SUMMARY					
, JACOB M (HANK) SOPHER	(2)					
Candidate, Committee or Party Name	I.D. Number					
(3) IVOI W- 24TH ST Junget ISIO Address (number and street)	Ind 3 M. BCACH, FL STATE					
Check box if address has changed since last report						
(4) Check appropriate box(es):						
Candidate (office sought): MAMI BA	CH COMMUSSION, STAT 4 9 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
Political Committee	CH COMMUSSION, STAT 4 9 35 50 THE CHECK IF PC has DISBANDED					
Committee of Continuous Existence	Check if CCE has DISBANDED					
Party Executive Committee						
(5) REPORT	IDENTIFIERS					
Cover Period: From 1/1 /03 To 3						
Original Amendment Special Elect	<u> </u>					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
C_h & Checks \$	Monetary Expenditures \$					
Loans \$ 50, 100	Transfers to Office 0 Account \$					
Total Monetary \$ 50,100	Total Monetary \$					
n-Kind \$	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions to Date	(10) TOTAL Monetary Expenditures to Date					
\$ 50,100	\$ <i>O</i>					
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is	I certify that I have examined this report and it is true.					
true, correct and complete	correct and complete					
JACOB I. SOPHER	JACOB I SOPHER					
Name of Treasurer Deputy Treasurer Name of Candidate Chairman (PC/PTY only)						
	x / //					
Signature	Signature					
)S-DE 12 (7/98)						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	HWBI. SOPHER	-		(2)	I.D. Numbe	r	
(3) Cover Perio	od 1, 1, 03through	3,	31,0	3 (4)	Page		1
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Cc	(8) ontributor	(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Contribution Type		Amendment	Amount
3/19/03		ρ	NJA	LOAN			\$100
3/28/03	JACOB I. SOPHER	P	PARKING EXEC.	LOAN	•		50,000
//	/2 -						
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//			·				-
//			:	:			
-DE 13 (7/98)	SEE REVERSE FOR	INSTR	UCTIONS A	ND CODE VA	THE		

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

JACOB I. SOPHER (2) I.D. Number ______ (2) I.D. Number _____ over Period 1 1 1 03through 3 1 31 1 03 (4) Page / of ____ (10) (11) (9) (5) Date **Full Name** Purpose (add office sought if (Last, Suffix, First, Middle) (6) Expenditure contribution to a Street Address & Sequence Type Amendment **Amount** candidate) City, State, Zip Code Number

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

JS-DE 14 (7/98)

PF3K9

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

me JACOB I. SOPHER			(2) I.D. Num	(2) I.D. Number				
Cover Period	COB I	31,03	(4) Page	of				
(5) Date (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) - Nature of Account	(10)	(11) Amount			
//	N/A							
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